TRANSMITTAL OF INFORMATION DISCLO	Docket No. CDA-10002/15								
In Re Application Of: DIANA CURRAN FEB 2 0 2004									
Serial November 12, 2003	Examiner	Group Art Unit 3763							
Title: TROCAR HAVING AN INFLATABLE CUFF FOR MAINTAINING AN INSUFFLATED ABDOMINAL CAVITY DURING AN OPEN LAPAROSCOPY PROCEDURE									
Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450									
37 CFR 1.97(b) 1. Image: The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.									
37 (CFR 1.97(c)								
2. The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:									
☐ the statement specified in 37 CFR 1.97(e)	;								
OR									
☐ the fee set forth in 37 CFR 1.17(p).									

TRANSMITTAL OF INFORMATION DISCLO	I I	Docket No. CDA-10002/15							
In Re Application: DIANA CARRAN FEB 2 0 2004									
Serial No. 10/706,581 November 12, 2003	Examiner	Group Art Unit 3763							
TROCAR HAVING AN INFLATABLE CUFF FOR MAINTAINING AN INSUFFLATED ABDOMINAL DURING AN OPEN LAPAROSCOPY PROCEDURE									
Payment of Fee (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))									
□ A check in the amount of is atta □ The Director is hereby authorized to charge and cr as described below. □ Charge the amount of □ Credit any overpayment. □ Charge any additional fee required. Certificate of Transmission by Facsimile* □ Certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (F: □ (Date) Signature	Certificate of Mailing by I certify that this document and on 2/17/2007 with t as first class mail under 37 addressed to the Commissioner 1450, Alexandria, VA 22313-14 Signature of Person Ma	fee is being deposited he U.S. Postal Service C.F.R. 1.8 and is for Patents, P.O. Box 50.							
Typed or Printed Name of Person Signing Certificate	Judith T. Lange Typed or Printed Name of Pers	on Mailing Certificate							
*This certificate may only be used if paying by deposit account. Signature Douglas J. McEvoy, Reg. No. 34,385 Gifford, Krass, Groh, Sprinkle, Anderson & Citkowski, P.C. 280 North Old Woodward Suite 400 Birmingham, MI 48009 (248) 647-6000	Dated: Feb. 16, Zoo;	<i>A</i>							

•			Docket Number (Optional) CDA-10002/15		Application Number 10/706,581				
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